

ESF Coordinator:

Department of Health and Human
Services

Primary Agency:

Department of Health and Human
Services

Support Agencies:

Department of Agriculture
Department of Defense
Department of Energy
Department of Homeland Security
Department of the Interior
Department of Justice
Department of Labor
Department of State
Department of Transportation
Department of Veterans Affairs
Environmental Protection Agency
General Services Administration
U.S. Agency for International
Development
U.S. Postal Service
American Red Cross

INTRODUCTION

Purpose

Emergency Support Function (ESF) #8 – Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency.

Public Health and Medical Services includes behavioral health needs consisting of both mental health and substance abuse considerations for incident victims and response workers and, as appropriate, at-risk population groups defined in the Base Plan as individuals in need of additional medical response assistance, and veterinary and/or animal health issues.

Scope

ESF #8 provides supplemental assistance to State, tribal, and local governments which is categorized in the following core functional areas:

- Assessment of public health/medical needs
- Health surveillance
- Medical care personnel
- Health/medical/veterinary equipment and supplies
- Patient evacuation
- Patient care
- Safety and security of drugs, biologics, and medical devices
- Blood and blood products
- Food safety and security
- Agriculture safety and security
- Worker safety and health
- All-hazard public health and medical consultation, technical assistance, and support
- Behavioral health care

- Public health and medical information
- Vector control
- Potable water/wastewater and solid waste disposal
- Fatality management
- Veterinary medical support
- Human services coordination

Policies

The Secretary of Health and Human Services (HHS) leads all Federal public health and medical response to public health emergencies and incidents covered by the National Response Framework.

The Secretary of HHS shall assume operational control of Federal emergency public health and medical response assets, as necessary, in the event of a public health emergency, except for members of the Armed Forces, who remain under the authority and control of the Secretary of Defense.

The Secretary of HHS, through the Office of the Assistant Secretary for Preparedness and Response (ASPR), coordinates national ESF #8 preparedness, response, and recovery actions. These actions do not alter or impede the existing authorities of any department or agency supporting ESF #8.

HHS coordinates all ESF #8 response actions consistent with HHS internal policies and procedures (e.g., HHS Concept of Operations Plan for Public Health and Medical Emergencies, and the National Disaster Medical System (NDMS) Four Partner Memorandum of Agreement).

ESF #8 support agencies are responsible for maintaining administrative control over their respective response resources after receiving coordinating instructions from HHS.

The Emergency Management Group (EMG), operating from the HHS Secretary's Operations Center (SOC), coordinates the overall national ESF #8 response for the ASPR and maintains constant communications with the National Operations Center (NOC).

All headquarters and regional organizations (including those involved in other ESFs) participating in response operations report public health and medical requirements to the appropriate ESF #8 representative operating in the National Response Coordination Center (NRCC), the Regional Response Coordination Center (RRCC), or the Joint Field Office (JFO) when activated.

The Joint Information Center (JIC), established in support of the National Response Framework, is authorized to release general medical and public health response information to the public. When possible, a recognized spokesperson from the public health and medical community (State, tribal, or local) delivers relevant community messages. After consultation with HHS, the lead Public Affairs Officer from other JICs may also release general medical and public health response information.

In the event of a zoonotic disease outbreak or in coordination with ESF #11 – Agriculture and Natural Resources, public information may be released after consultation with the Department of Agriculture (USDA).

As the lead agency for ESF #8, HHS determines the appropriateness of all requests for release of public health and medical information and is responsible for consulting with and organizing Federal public health and medical subject-matter experts, as needed.

CONCEPT OF OPERATIONS

General

Upon notification, the ASPR alerts identified HHS personnel to represent ESF #8, as required, in or on the:

- Domestic Readiness Group (DRG).
- NOC (Planning Element or Watch).
- NRCC.
- RRCC/JFO.
- National/regional teams.
- JIC.
- Other Federal, State, or tribal operations centers as required by the mission.

HHS notifies and requests all supporting departments and agencies to participate in headquarters coordination activities. The ASPR may request ESF #8 support agencies and organizations to provide liaison personnel to the HHS Headquarters command locations.

HHS Headquarters and ESF #8 staff provide liaison and communication support to regional ESF #8 offices.

Regional ESF #8 staff may be assisted by supporting Federal partners and HHS components.

ESF #8 staff in the RRCC or JFO will conduct a risk analysis, evaluate, and determine the capability required to meet the mission objective and provide required public health and medical support medical assistance to State, tribal, and local medical and public health officials.

In the early stages of an incident, it may not be possible to fully assess the situation and verify the level of assistance required. In such circumstances, HHS may provide assistance under its own statutory authorities. In these cases, every reasonable attempt is made to verify the need before providing assistance.

During the response period, HHS has primary responsibility for the analysis of public health and medical assistance, determining the appropriate level of response capability based on the requirement as well as developing updates and assessments of public health status.

ORGANIZATION

Headquarters

The Secretary of HHS leads the ESF #8 response. ESF #8, when activated, is coordinated by the ASPR. Once activated, ESF #8 functions are coordinated by the EMG through the SOC. During the initial activation, HHS coordinates audio and video conference calls with the ESF #8 supporting departments and agencies, and public health and medical representatives from State, tribal, and local governments, to discuss the situation and determine the appropriate initial response actions.

HHS alerts and requests supporting organizations to provide a representative to the EMG to provide liaison support.

Public health and medical subject-matter experts (including partners representing all appropriate populations, such as pediatric populations, populations with disabilities, the aging, and those with temporary or chronic medical conditions) from HHS and ESF #8 organizations are consulted as needed.

Regional

HHS coordinates ESF #8 field response activities according to internal policies and procedures.

HHS may designate a Senior Health Official to serve as the senior Federal health official in the JFO.

Regional ESF #8 staff are ready to rapidly deploy, as the Incident Response Coordination Team – Advance (IRCT-A) to provide initial ESF #8 support to the affected location. As the situation matures, the IRCT-A will receive augmentation from HHS and partner agencies transitioning into a full IRCT capable of providing the full range of ESF #8 support to include medical command and control.

The regional ESF #8 staff includes representatives to staff the RRCC and/or JFO, as required, on a 24-hour basis for the duration of the incident.

ACTIONS: INITIAL ACTIONS

The HHS EMG increases staffing immediately on notification of an actual or potential public health or medical emergency. When activated by the NRCC, HHS consults with the appropriate ESF #8 supporting organizations to determine the need for assistance according to the functional areas listed below.

Assessment of Public Health/Medical Needs

HHS, in collaboration with DHS, mobilizes and deploys ESF #8 personnel to support national or regional teams to assess public health and medical needs, including the needs of at-risk population groups, such as language assistance services for limited English-proficient individuals and accommodations and services for individuals with disabilities. This function includes the assessment of the health care system/facility infrastructure.

Health Surveillance

HHS, in coordination with health agencies, enhances existing surveillance systems to monitor the health of the general population and at-risk population groups; carries out field studies and investigations; monitors injury and disease patterns and potential disease outbreaks, blood and blood product biovigilance, and blood supply levels; and provides technical assistance and consultations on disease and injury prevention and precautions.

1 **Medical Care Personnel**

2
3 Immediate medical response capabilities are provided by assets internal to HHS (e.g., U.S.
4 Public Health Service Commissioned Corps, NDMS, and Federal Civil Service employees) and
5 from ESF #8 supporting organizations.

- 6
7 • ESF #8 may request the Department of Defense (DOD) support in casualty clearing and
8 staging operations.
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10 • ESF #8 may seek individual clinical public health and medical care specialists from the
11 Department of Veterans Affairs (VA) to assist State, tribal, or local public health and medical
12 personnel.
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14 • ESF #8 may engage civilian volunteers to assist State, tribal, and local public health and
15 medical personnel.
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17 **Health/Medical/Veterinary Equipment and Supplies**

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19 In addition to deploying assets from the Strategic National Stockpile (SNS), ESF #8 may
20 request DOD or the VA to provide medical equipment, durable medical equipment, and
21 supplies, including medical, diagnostic, and radiation-detecting devices, pharmaceuticals, and
22 biologic products in support of immediate medical response operations and for restocking health
23 care facilities in an area affected by a major disaster or emergency. When a veterinary
24 response is required, assets may be requested from the National Veterinary Stockpile.
25

26 **Patient Evacuation**

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28 ESF #8 is responsible for transporting seriously ill (seriously ill describes persons whose illness
29 or injury is of such severity that there is cause for immediate concern, but there is not
30 imminent danger to life) or injured patients, from casualty collection points in the impacted
31 area to designated reception facilities.
32

33 ESF #8 may request DOD, VA, ESF #1 – Transportation, and ESF #5 – Emergency
34 Management to provide support for evacuating seriously ill or injured patients. Support may
35 include providing transportation assets, operating and staffing NDMS Federal Coordination
36 Centers, and processing and tracking patient movements from collection points to their final
37 destination reception facilities.
38

39 DOD is the only recognized Federal partner responsible for regulating and tracking patients
40 transported on DOD assets to appropriate treatment facilities (e.g., NDMS hospitals).
41

42 **Patient Care**

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44 ESF #8 may task HHS components to engage civil service personnel, the Commissioned Officer
45 Corps, the regional offices, and States to engage civilian volunteers and request the VA and
46 DOD to provide available personnel to support prehospital triage and treatment, inpatient
47 hospital care, outpatient services, pharmacy services, and dental care to victims who are
48 seriously ill, injured, or suffer from chronic illnesses who need evacuation assistance, regardless
49 of location.
50

51 ESF #8 may assist with isolation and quarantine measures and with point of distribution
52 operations (mass prophylaxis and vaccination). Health care providers will ensure appropriate
53 patient confidentiality is maintained, including Health Insurance Portability and Accountability
54 Act privacy and security standards, where applicable.
55

Safety and Security of Drugs, Biologics, and Medical Devices

ESF #8 may task HHS components to ensure the safety and efficacy of and advise industry on security measures for regulated human and veterinary drugs, biologics (including blood and vaccines), medical devices (including radiation emitting and screening devices), and other HHS-regulated products.

Blood and Blood Products

ESF #8 monitors blood availability and maintains contact with the civilian blood industry and, as necessary, its individual members, to determine the need for blood, blood products, and the supplies used in their manufacture, testing, and storage; the ability of existing supply chain resources to meet these needs; and any emergency measures needed to augment or replenish existing supplies.

Food Safety and Security

ESF #8, in cooperation with ESF #11, may task HHS components and support agencies to ensure the safety and security of federally regulated foods. (Note: HHS, through the Food and Drug Administration (FDA), has statutory authority for all domestic and imported food except meat, poultry, and egg products, which are under the authority of the USDA Food Safety and Inspection Service, and the Environmental Protection Agency, which establishes tolerances for pesticide residues.)

Agriculture Safety and Security

ESF #8, in coordination with ESF #11, may task HHS components to ensure the health, safety, and security of food-producing animals, animal feed, and therapeutics. (Note: HHS, through the FDA, has statutory authority for animal feed and for the approval of animal drugs intended for both therapeutic and nontherapeutic use in food animals as well as companion animals.)

Worker Safety and Health

ESF #8 may request the Department of Labor (DOL)/Occupational Safety and Health Administration to implement the processes in the Worker Safety and Health Support Annex to provide technical assistance for worker safety and health.

ESF #8 may task HHS components and request support from DOL and other cooperating agencies, as needed, to assist in monitoring the health and well-being of disaster victims and emergency workers performing field investigations and studies addressing worker health and safety issues; and providing technical assistance and consultation on worker health and safety measures and precautions.

All-Hazard Public Health and Medical Consultation, Technical Assistance, and Support

ESF #8 may task HHS components, regional offices, and support agencies to assist in assessing public health, medical, and veterinary medical effects resulting from all hazards. Such tasks may include assessing exposures on the general population and on high-risk population groups; conducting field investigations, including collection and analysis of relevant samples; providing advice on protective actions related to direct human and animal exposures, and on indirect exposure through contaminated food, drugs, water supply, and other media; and providing technical assistance and consultation on medical treatment, screening, and decontamination of injured or contaminated individuals. While State, tribal, and local governments retain primary responsibility for victim screening and decontamination operations, ESF #8 can deploy the National Medical Response Teams to assist with victim decontamination.

1 **Behavioral Health Care**

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3 ESF #8 may task HHS components and support agencies to assist in assessing mental health
4 and substance abuse needs, including emotional, psychological, behavioral, or cognitive
5 limitations requiring assistance or supervision; providing disaster mental health training
6 materials for workers; providing liaison with assessment, training, and program development
7 activities undertaken by Federal, State, tribal, or local mental health and substance abuse
8 officials; and providing additional consultation as needed.

9
10 **Public Health and Medical Information**

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12 ESF #8 provides public health, disease, and injury prevention information that can be
13 transmitted to members of the general public who are located in or near areas affected in
14 languages and formats that are understandable to individuals with limited English proficiency
15 and individuals with disabilities.

16
17 **Vector Control**

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19 ESF #8 may task HHS components and request assistance from other ESF #8 partner
20 organizations, as appropriate, to assist in assessing the threat of vector-borne diseases;
21 conducting field investigations, including the collection and laboratory analysis of relevant
22 samples; providing vector control equipment and supplies; providing technical assistance and
23 consultation on protective actions regarding vector-borne diseases; and providing technical
24 assistance and consultation on medical treatment of victims of vector-borne diseases.

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26 **Potable Water/Wastewater and Solid Waste Disposal**

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28 ESF #8, in coordination with ESF #3 – Public Works and Engineering and ESF #10 – Oil and
29 Hazardous Materials Response, as appropriate, may task HHS components and request
30 assistance from other ESF #8 organizations, as appropriate, to assist in assessing potable
31 water, wastewater, solid waste disposal, and other environmental health issues; conducting
32 field investigations, including collection and laboratory analysis of relevant samples; providing
33 water purification and wastewater/solid waste disposal equipment and supplies; and providing
34 technical assistance and consultation on potable water and wastewater/solid waste disposal
35 issues.

36
37 **Fatality Management**

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39 ESF #8, when requested by State, tribal, or local officials, in coordination with its partner
40 organizations, will assist the jurisdictional medico-legal authority in the tracking and
41 documenting of human remains and associated personal effects; reducing the hazard presented
42 by contaminated human remains (when indicated and possible); establishing temporary
43 morgue facilities; determining the cause and manner of death; collecting antemortem data in a
44 legal, compassionate, and culturally competent fashion from legally authorized individuals;
45 performing postmortem data collection and documentation; identifying human remains using
46 scientific means; and preparing, processing, and returning human remains and personal effects
47 to the legally authorized person(s) when possible.

48
49 ESF #8 may tasks HHS components and request assistance from other ESF #8 partner
50 organizations, as appropriate, to provide support to families of victims during the victim
51 identification mortuary process.

Veterinary Medical Support

ESF #8 will provide emergency veterinary assistance to ESF #11. Support will include the amelioration of zoonotic disease and caring for research animals where ESF #11 does not have the requisite expertise to render appropriate assistance.

ESF #8 will assist ESF #11 as required to protect the health of livestock, companion, and service animals by ensuring the safety of the manufacture and distribution of foods and drugs given to animals used for human food production, as well as companion animals.

Human Services Coordination

During a Stafford Act declaration where Federal human services are being requested, ESF #8's role in supporting DHS/Federal Emergency Management Agency (FEMA) is to: 1) coordinate with the ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services lead agencies to ensure that the appropriate benefits are delivered to the impacted population; 2) provide expertise and guidance on the public health and human services issues that impact the needs of special high-risk population groups (e.g., the elderly, children under 8, people with permanent or temporary physical or cognitive disabilities, people with mental illness, or other groups) as identified by the affected State; and 3) depending on the unique characteristics of specific disasters and if requested by DHS/FEMA, provide onsite technical assistance regarding case management to serve a broader group of disaster victims beyond special high-risk population groups.

HHS will provide ongoing coordination with State, tribal, and local agencies, nongovernmental organizations, and Federal partners to improve the delivery of assistance to disaster victims.

ESF #8 medical response personnel will inform receiving services under ESF #8 about the National Emergency Family Registry and Locator System and also facilitate their access to the system, in order to assist displaced adults and medically evacuated patients in reunification with their families.

ESF #8 assists in the identification of the medical care needs of individuals who are members of high-risk population groups, including needs for language-assistance services and accommodations, to provide training and training materials about how to assess and meet those needs and to serve as a liaison for State, tribal, or local governments and Federal agencies in responding to the identified needs and ensuring appropriate and effective communication regarding shelters for the population requiring support, using the communication mechanisms mandated by sections 508 and 504 of the Rehabilitation Act.

ACTIONS: CONTINUING ACTIONS

Headquarters and Regional Support

ESF #8 continuously acquires and assesses information on the incident. The EMG, ESF #8 regional staff, and ESF #8 liaison staff in the RRCC/JFO continue to identify the nature and extent of public health and medical problems and establish appropriate monitoring and public surveillance. Other sources of information may include:

- ESF #8 support agencies and organizations.
- Various Federal officials in the incident area.
- State health, agricultural, or animal health officials.
- State emergency medical services authorities.
- Tribal officials.
- State incident management authorities.
- Officials of the responsible jurisdiction in charge of the disaster scene.

Because of the potential complexity of the public health and medical response, conditions may require ESF #8 subject-matter experts to review public health and medical information and advise on specific strategies to manage and respond to a specific situation most appropriately.

Activation of Public Health/Medical Response Teams

HHS components are deployed directly as part of the ESF #8 response. Public health and medical personnel and teams provided by ESF #8 are deployed under a DHS/FEMA mission assignment.

Coordination of Requests for Medical Transportation

In a major public health or medical emergency, local transportation assets may not be sufficient to meet the demand. State, tribal, and local requests for Federal medical transportation assistance are executed by ESF #8 in coordination with ESF #1. Such assistance may include accessible transportation for at-risk population groups.

Coordination for Obtaining, Assembling, and Delivering Medical Equipment and Supplies to the Incident Area

ESF #8 will coordinate with DHS/FEMA, VA, DOD, the Department of Transportation (DOT), the General Services Administration (GSA), and other Federal partners as required to arrange for the procurement and transportation of medical and durable medical equipment and supplies.

Communications

ESF #8 establishes communications necessary to coordinate Federal public health, medical, and veterinary medical assistance effectively.

1 **Public Affairs Information Requests**

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3 Requests for information may be received from various sources, such as the media and the
4 general public, and are referred to ESF #15 – External Affairs for action and response. ESF #8
5 makes available language-assistance services, such as interpreters for different languages,
6 telecommunications devices for the deaf, and accessible print media, to facilitate
7 communication with all members of the public.

8
9 **After-Action Reports/Lessons Learned**

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11 ESF #8, on completion of the incident, prepares a summary after-action report and lessons
12 learned. These reports identify key problems; indicate how they were solved, and make
13 recommendations for improving response operations. ESF #8 will request input and coordinate
14 the preparation of the after-action report and lessons learned with all supported and supporting
15 agencies.

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17 **RESPONSIBILITIES**

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19 **Primary Agency: HHS**

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 - 22 • Leads the Federal effort to provide public health and medical assistance to the affected
23 area.
 - 24 • Coordinates staffing of the HHS EMG to support the response operation.
 - 25 • Requests appropriate ESF #8 organizations to activate and deploy public health, medical
26 and veterinary medical personnel, equipment, and supplies in response to requests for
27 Federal public health and medical assistance, as appropriate.
 - 28 • Uses HHS personnel (U.S. Public Health Service Commissioned Corps, NDMS, Federal Civil
29 Service, and civilian volunteers) to address public health, medical, and veterinary medical
30 needs.
 - 31 • Assists and supports State, tribal, and local officials in performing monitoring for internal
32 contamination and administering pharmaceuticals for internal decontamination.
 - 33 • Assists State, tribal, and local departments in establishing a registry of potentially exposed
34 individuals, performing dose reconstruction, and conducting long-term monitoring of this
35 population for potential long-term health effects.
 - 36 • Monitors blood and blood product shortages and reserves, including the safety and
37 availability of the blood supply.
 - 38 • Activates NDMS as necessary to support incident response operations.
 - 39 • Evaluates requests for deployment or redeployment of the SNS and Federal Medical Stations
40 based upon relevant threat information.
 - 41 • Coordinates public health and medical support, patient evacuation, and movement
42 requirements with other primary and supporting departments, agencies, and governments
43 throughout the incident.
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Emergency Support Function #8 – Public Health and Medical Services Annex

- Assures the safety and security of food in coordination with other responsible Federal agencies (e.g., USDA). In cooperation with State, tribal, and local authorities, assesses whether food manufacturing, food processing, food distribution, food service, and food retail establishments in the affected area are able to provide safe and secure food.
- In cooperation with State, tribal, and local authorities as well as the food industry, conducts tracebacks or recalls of adulterated products.
- In cooperation with Federal, State, tribal, and local authorities, ensures the proper disposal of contaminated products and the decontamination of affected food facilities in order to protect public health.
- Provides support for public health matters for radiological incidents as a member of the Advisory Team for Environment, Food, and Health.

SUPPORT AGENCIES

Agency	Functions
Department of Agriculture	<ul style="list-style-type: none">• Provides appropriate personnel, equipment, and supplies.• Provides support for public health matters for radiological incidents as a member of the Advisory Team for Environment, Food, and Health. <p>USDA also supports a multiagency response to a domestic incident through:</p> <ul style="list-style-type: none">• Provision of nutrition assistance.• Control and eradication of an outbreak of a highly contagious or an economically devastating animal disease.• Assurance of food safety and security, in coordination with other responsible Federal agencies, or any combination of these requirements.• Provision of appropriate personnel, equipment, and supplies, coordinated through the Animal and Plant Health Inspection Service Emergency Management Operations Center. Support is primarily for coordination of animal issues such as disposal of animal carcasses, protection of livestock health, and zoonotic diseases associated with livestock.
Department of Defense	<ul style="list-style-type: none">• Alerts DOD NDMS Federal Coordinating Centers (FCCs) (Army, Navy, Air Force) and provides specific reporting/regulating instructions to support incident relief efforts.• Alerts DOD NDMS FCCs to activate NDMS patient reception plans in a phased, regional approach, and when appropriate, in a national approach.• At the request of HHS, coordinates with ESF #1 to provide support for the evacuation of seriously ill or injured patients to locations where hospital care or outpatient services are available.• Using available DOD transportation resources, in coordination with the NDMS Medical Interagency Coordination Group, evacuates and manages victims/patients from the patient collection point in or near the incident site to NDMS patient reception areas.• Provides available logistical support to public health/medical response operations.• Provides available medical personnel for casualty clearing/staging and other missions as needed including aero-medical evacuation and medical treatment. Mobilizes and deploys available Reserve and National Guard medical units, when authorized and necessary to provide support.• Coordinates patient reception, tracking, and management to nearby NDMS hospitals, VA hospitals, and DOD military treatment facilities that are available and can provide appropriate care.

Emergency Support Function #8 – Public Health and Medical Services Annex

Agency	Function
Department of Defense (Continued)	<ul style="list-style-type: none"> Provides available military medical personnel to assist ESF #8 in the protection of public health (such as food, water, wastewater, solid waste disposal, vectors, hygiene, and other environmental conditions). Provides available veterinary military personnel to assist ESF #8 personnel in the medical treatment of animals. Provides available DOD medical supplies for distribution to mass care centers and medical care locations being operated for incident victims with reimbursement to DOD. Provides available emergency medical support to assist State, tribal, or local governments within the disaster area and the surrounding vicinity. Such services may include triage, medical treatment, mental health support, and the use of surviving DOD medical facilities within or near the incident area. Provides assistance, as available, in managing human remains, including victim identification and mortuary affairs. Provides evaluation and risk management support through use of Defense Coordinating Officers, Emergency Preparedness Liaison Officers, and Joint Regional Medical Planners. Provides available blood products in coordination with HHS. Provides DOD confirmatory laboratory testing support in coordination with HHS. <p>U.S. Army Corps of Engineers: Through ESF #3, provides technical assistance, equipment, and supplies as required in support of HHS to accomplish temporary restoration of damaged public utilities affecting public health and medical facilities.</p>
Department of Energy	<ul style="list-style-type: none"> Coordinates Federal assets for external monitoring and decontamination activities for radiological emergencies pursuant to criteria established by the State(s) in conjunction with HHS. Provides, in cooperation with other Federal and State agencies, personnel and equipment, including portal monitors, to support initial screening and provides advice and assistance to State and local personnel conducting screening/decontamination of persons leaving a contaminated zone. <p>Radiological Assistance Program</p> <ul style="list-style-type: none"> Provides regional resources (personnel, specialized equipment, and supplies) to evaluate, control, and mitigate radiological hazards to workers and the public. Provides limited assistance in the decontamination of victims. Assists State, tribal, or local authorities in the monitoring and surveillance of the incident area. <p>National Atmospheric Release Advisory Capability: Provides near real-time transport, dispersion, and dose predictions of atmospheric releases of radioactive and hazardous materials that may be used by authorities in taking protective actions related to sheltering and evacuation of people.</p> <p>Federal Radiological Monitoring and Assessment Center (FRMAC): Assists public health and medical authorities in determining radiological dose information; assists in providing coordinated gathering of environmental radiological information and data; assists with consolidated data sample analyses, evaluations, assessments, and interpretations; and provides technical information.</p>

Emergency Support Function #8 – Public Health and Medical Services Annex

Agency	Function
Department of Homeland Security	<ul style="list-style-type: none"> Provides communications support in coordination with ESF #2 – Communications. Maintains situational awareness and the Collaborative Operating Picture via the Homeland Security Information Network. Assists in providing information/liason with emergency management officials in NDMS FCC areas. Through ESF #1, identifies and arranges for use of U.S. Coast Guard aircraft and other assets in providing urgent airlift and other transportation support. Directs the Nuclear Incident Response Team (NIRT), when activated, and ensures coordination of NIRT activities with the ESF primary agency and designated coordinating agency under the Nuclear/Radiological Incident Annex. Through the Interagency Modeling and Atmospheric Assessment Center (IMAAC), provides predictions of hazards associated with atmospheric releases for use in emergency response. The IMAAC provides a single point for the coordination and dissemination of Federal dispersion modeling and hazard prediction products that represent the Federal position during an incident. Provides enforcement of international quarantines through Customs and Border Protection.
	DHS/FEMA <ul style="list-style-type: none"> Provides logistical support for deploying ESF #8 medical elements required and coordinates the use of mobilization centers/staging areas, transportation of resources, use of disaster fuel contracts, emergency meals, potable water, base camp services, supply and equipment resupply, and use of all national contracts and interagency agreements managed by DHS for response operations. Provides Total Asset Visibility through the use of GPS tracking services to enable visibility of ESF #8 resources through mapping capabilities and reports. Assists in arranging transportation to support evacuating patients who are too seriously ill or otherwise incapable of being evacuated in general evacuation conveyances. Provides tactical communications support through Mobile Emergency Response Support, inclusive of all types (i.e., deployable satellite and RF/radio communications).
Department of the Interior	Provides appropriate personnel, equipment, and supplies, coordinated through ESF #4 – Firefighting, primarily for communications, aircraft, and the establishment of base camps for deployed Federal public health and medical teams.
Department of Justice	<ul style="list-style-type: none"> Assists in victim identification, coordinated through the Federal Bureau of Investigation (FBI). Provides State, tribal, or local governments with legal advice concerning identification of the dead. Provides HHS with relevant information of any credible threat or other situation that could potentially threaten public health. This support is coordinated through FBI Headquarters. Provides communication, transportation, and other logistical support to the extent possible. This support is provided through the FBI. Provides security for the SNS, secure movement of needed blood and blood product supply, and quarantine enforcement assistance, if required.

Emergency Support Function #8 – Public Health and Medical Services Annex

Agency	Functions
Department of Labor	<ul style="list-style-type: none"> Coordinates the safety and health assets of cooperating agencies and the private sector to provide technical assistance and conduct worker exposure assessment and responder and worker risk management within the Incident Command System. This assistance may include 24/7 site safety monitoring; worker exposure monitoring; health monitoring; sampling and analysis; development and oversight of the site-specific safety and health plan; and personal protective equipment selection, distribution, training, and respirator fit-testing. Provides personnel and management support related to worker safety and health in field operations during ESF #8 deployments.
Department of State	<ul style="list-style-type: none"> Coordinates international activities related to chemical, biological, radiological, and nuclear incidents and events that pose transborder threats as well as naturally occurring disease outbreaks with international implications. Contributes to the development of projections of the international consequences of the event (e.g., disease spread, quarantine, isolation, travel restrictions, pharmaceutical supply and distribution, and displaced persons) and assists in communicating real-time actions taken by the United States and U.S. projections of the international consequences of the event. Assists with coordination with foreign states concerning offers of support, gifts, offerings, donations, or other aid. This includes establishing coordination with partner nations to identify the U.S.-validated immediate support in response to an incident.
Department of Transportation	<ul style="list-style-type: none"> In collaboration with DOD, GSA, and other transportation-providing agencies, assists in identifying and arranging for all types of transportation, such as air, rail, marine, and motor vehicle and accessible transportation. Coordinates with the Federal Aviation Administration for air traffic control support for priority missions. At the request of ESF #8, provides patient movement and blood supply movement assistance from DOT resources subject to DOT statutory requirements.
Department of Veterans Affairs	<p>Subject to the availability of resources and funding, and consistent with the VA mission to provide priority services to veterans, when requested:</p> <ul style="list-style-type: none"> Coordinates with participating NDMS hospitals to provide incident-related medical care to authorized NDMS beneficiaries affected by a major disaster or emergency. Furnishes available VA hospital care and medical services to individuals responding to, involved in, or otherwise affected by a major disaster or emergency, including members of the Armed Forces on active duty. Designates and deploys available medical, surgical, mental health, and other health service support assets. Provides a Medical Emergency Radiological Response Team for technical consultation on the medical management of injuries and illnesses due to exposure to or contamination by ionizing radiation. Alerts DOD NDMS FCCs (Army, Navy, Air Force) and provides specific reporting/regulating instructions to support incident relief efforts. Alerts DOD NDMS FCCs to activate NDMS patient reception plans in a phased, regional approach and, when appropriate, in a national approach.

Emergency Support Function #8 – Public Health and Medical Services Annex

Agency	Functions
Environmental Protection Agency	<ul style="list-style-type: none">• Provides technical assistance and environmental information for the assessment of the public health/medical aspects of situations involving hazardous materials, including technical and policy assistance in matters involving drinking water supplies and wastewater collection and treatment.• Provides support for public health matters for radiological incidents through the FRMAC and the Advisory Team for Environment, Food, and Health.• Assists in identifying alternate water supplies and wastewater collection and treatment for critical health care facilities.• Provides biosurveillance, warning, and detection capabilities for the water sector, surface and air.
General Services Administration	Provides facilities, equipment, supplies, and other logistical support, including contracting for private-sector ground and air transportation.
U.S. Agency for International Development, Office of Foreign Disaster Assistance	Provides assistance in coordinating international offers for health/medical support.
U.S. Postal Service	Assists in the distribution and transportation of medicine and pharmaceuticals and medical information to the general public affected by a major disaster or emergency, as needed.
American Red Cross	<ul style="list-style-type: none">• Provides emergency first aid, consisting of basic first aid and referral to appropriate medical personnel and facilities, supportive counseling, and health care for minor illnesses and injuries to incident victims in mass care shelters, the JFO, selected incident cleanup areas, and other sites deemed necessary by the primary agency.• Assists community health personnel subject to staff availability.• Provides supportive counseling for family members of the dead, for the injured, and for others affected by the incident.• Supports NDMS evacuation through the provision of services for accompanying family members/caregivers in coordination with Federal, State, tribal, and local entities.• Provides available personnel to assist in temporary infirmaries, immunization clinics, morgues, hospitals, and nursing homes. Assistance consists of administrative support, logistical support, or health services support within clearly defined boundaries.• Acquaints families with available health resources and services, and makes appropriate referrals.• At the request of ESF #8, provides blood products and services as needed through regional blood centers.• Provides coordination for uploading appropriate casualty/patient information from ESF #8 into the Disaster Welfare Information system.• Refers all concerns regarding animal health care, safety, or welfare to American Veterinary Medical Association contact(s) in the disaster area, as appropriate. These contact people are veterinarians affiliated with national, State, county, or local veterinary associations.

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